

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33912

1. PLACE OF DEATH

County Nodaway
Township Polk
City Marionville (No. , Ward)

Registration District No. 625
Primary Registration District No. 2081

File No. _____
Registered No. 111 Ward _____

2. FULL NAME

Lucian Cory Cook
(a) Residence, No. 401 West Thompson St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Media Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
66 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fremont County Iowa

13. NAME Lorena Dow Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mary J. Sumigan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo.

17. INFORMANT (ADDRESS) Ellis E. Cook
Marionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Union - Marionville DATE Oct 22 1933

19. UNDERTAKER (ADDRESS) Carroll's Funeral Home
Marionville Mo.

20. FILED Oct 22 1933 Marionville & Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased, from Nov. 22 1933 to Oct 21 1933

I last saw him alive on Oct 21 1931. Death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis with
High Blood pressure &
Angina Pectoris

94A
97
125C
Other contributory causes of importance:
Diverticulitis of Sigmoid

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Chas. A. Bell M. D.
(Address) Marionville, Mo.

